MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. cremotio PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY C. STATE b. COUNTY MARYLAND Maryland Queen Anne Queen Anne b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Rural Chester Chester d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Lost Month Day Year funeral YOUR DECEASED (Type or print) William DEATH Chaplain Bullen October 29 19 61 for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours 38 yrs. WIDOWED | DIVORCED T White Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Bulkheads USA Maryland 3. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Bertie Sinclair Samuel C. Bullen 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown Give Yes W.W. Joshua Bullen--Stevensville, 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (o) DUE TO with Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS 03 PERFORMED? YES 🗌 NO. 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) aroun ( edron 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 28e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) While Not while at work at work factory, street, affice bldg., etc.) Medical he ന 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry, and find that forwarded to the Chief FUNERAL DIRECTOR: Accident ... death resulted from: Natural causes ... Suicide Undetermined cause Homicide . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10-30-61 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DE 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Oct. 0 Woodlawn Easton. Maryland **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE 62 VS. A15ME(5) Church Hill, Md 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1.6		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 55		11843  Item 2 Film G298 10/26/61 iwk  CERTIFICATE OF DEATH  Reg. Dist. No. 11828
n. Poge I directo filed wi	M	AACE OF DEATH a. COUNTY  QUEEN ANNE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
after death the funerol shauld be		C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)  RURAL and give nearest tawn)  RURAL OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  RURAL OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
in by the		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS ON A FARM? YES \( \sigma \) NO Sheppard Avenue  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO SHEPPARD AVENUE
ely filled in Poges 1 or		NAME OF DECEASED (Type or print) AMELIA CATHERINE HUETTLE DEATH OCT, 10 1961
Po Po		FEM.   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years last birthday)   Manths   Days   Haurs   Min.
executed and comple on papers.	100	. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  MILINER  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  NEW YORK  USA
tote be sicion o e corbo rs ofter	13.	PHILLIP HUETTLE ANNA MARIA KOCH
ng physe remov		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service) OHN L. HUETTLE - GRASONVILLE
oftendir oftendir of pleose		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH  SWEELES
s that the distribution of the the distribution of the the distribution of the the the distribution of the the the distribution of the	ľ	Canditions, it any, which but there's clevolic heart disease years
on. n signed sit pern ond in o		gove rise to immediate cause (a), stating the under- lying cause last.  DUE TO Cleros a Cleros aglineral sendity  years
he law physici nas beer riol-tron naval, c	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 9. WAS AUTOPSY PERFORMED?  YES NO
HAN: T rending ficote the bur ar ren		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I ar Part II of item 18.)
PHYSIC ol or oth his certi use os emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED Flactory, street, affice bldg., etc.)  Factory, street, affice bldg., etc.)  (Caunty) (State)
ADING hospith After t ched for uriol, cr		21. I certify that I attended the deceased fram. 1961, to 1961, to 1961, that I last saw the deceased alive on 1961, and that death accurred at 10 +6 M, fram the causes and on the date stated above.
A ATTER d by the ECTOR oe deto or to bu		ACTUAL Theodor Sattley air M.D. Stevens rile Mid (15th 11.196)
retoine AL DIR shauld I		PHYSICIAN'S Theodor SAFTELM AIER M.D. STEVENSVILLE MARYLLION
D HOSPII moy be r D FUNER poge 3 s the regist	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county)  REMOVAL Specify  MODDLAWN  EASTON  MD
Q = Q = = = = = = = = = = = = = = = = =	23.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS HILL IND. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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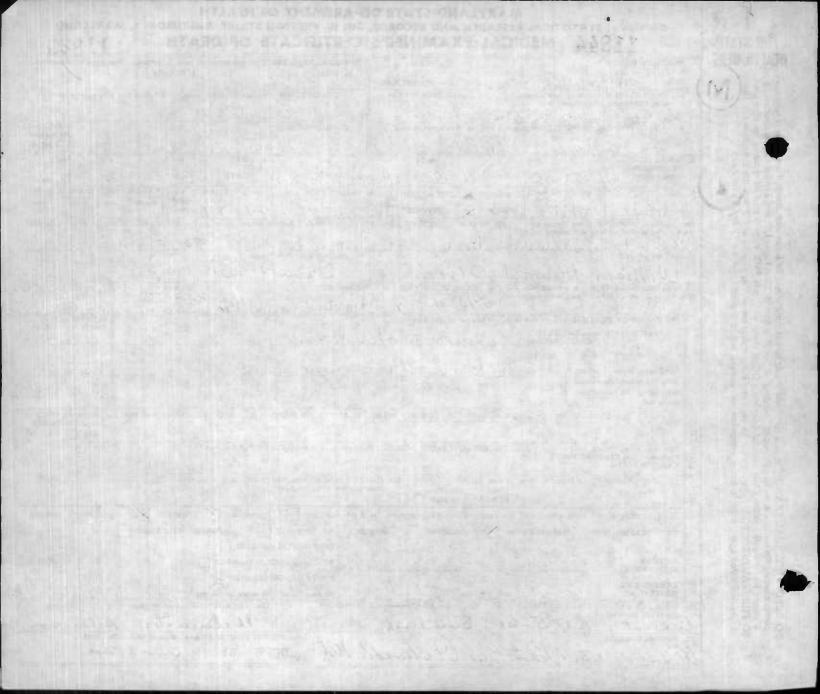
FOR STATE HEALTH DEPT TO DEPU'S MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fus., al director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMO	RE 1, MARYLAND
11844	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	1182
CE OF DEATH			2. USUAL RESIDENCE	(Where decessed lived, If in	stitution: Residence before as

9		PLACE OF DEATH  COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution	on: Residence before admission)
A		Queen annis MARYLAND	o. STATE alitornia	
		b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporete limits, write RURAL	end give neerest town)
1	,	Rural Centrevillo Hureks	Carmel	1751-7
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		Augustan Sabarl	-DO Bal. 21/17	ON A FARM?
	3.	NAME OF First Middle	Last 4. DATE Month	Dey Yeer
N		OROTHU Allew HI	OF DEATH O-	
9		1/0100119	TICHINSON CCI	ER 1 YEAR   IF UNDER 24 HRS.
1	-	A A A A A A A A A A A A A A A A A A A	C - last birthdey) Month	
	100	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Sep1. 1' = 1844   6 / yrs.   RY   11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WILLY COUNTRY
		during most of working life, even if retired)	RY 17. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	1	le cosa tos. Darden Consultant	Jan Fransisco Calif	U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		William Howard aller	Jusan Distrop	
		s. no. or unkown)   (If yes give we ror detes of service)	INFORMANT Address SIR	Francis Wake Blod.
		No 370 26-3824 (	hake Howard allen San an	
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (6) COROMANY Th	Rombosis	None
		4-2 DUE TO		
		Conditions, if eny, which (b) arteriosclesos.	15 - generalized	years
		geve rise to immediate cause DUE TO	0	()
		cause lest. (c)		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY PERFORMED?
	F			YES NO NO
	CERTIFICATION		Enter neture of injury in Pert I or Pert II of item 18.)	
		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		
4	MEDICAL			County) (State)
	WEDI	Hour a.m. While Not While et work at work	tory, street, office bldg., etc.)	
		21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection X, Inquiry X.	and in my opinion
		death resulted from: Natural causes X, Accident . Suice	ide , Homicide , Undetermined manner	
			CHIEF MEDICAL EXAMINER	
		ACTUAL ( conten)	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER	111-3-61
		EXAMINER'S NAME (Type)	Address (Street, city, town, or county) (en her	16 mareland AA
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		
	1	REMOVAL (Specify) Pet 5-61 Selseibrock	Welmenter	Allawara
	23.	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. PEGISTRAR	
	1	Tavera Berto Albarto Ben Certinel	le Med DATE OCT 5 '61 anthon.	S. Thous
1	yu	July de la		



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DEPORT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any any is necessary, Holesse execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the it, all director, Page 200	pln	N	de
DE	sho	FU	its
TO DEPOY: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the formal director, Page	4	OH	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 ho tipe death.
VS	A15	MF	
544	014	U.	N

DEL 10	. PLACE OF DEAT	H LOGO		2. USUAL RESIDE	VCE (Where deceased lived, If i	nstitution: Residence before edmissi
~/	Queen Anne	tg	MARYL	a. STATE	b. COUN	
X	b. CITY OR TOWN	(if outside corporate limit d give nearest town)	ts,   c. LENGTH OF STAY		(If outside corporata limits, write	
XI)	Queenstown			X Centervil	le	
7	d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in hospital, give streat address	d. STREET ADDRESS	5	e. IS RESIDEN ON A FAR
= 1				Rt I Qu	een Anne's I	YES NO
death	B. NAME OF DECEASED	First	Middle	Last	4. DATE Month	
0	(Type or print)	GEOF	RGE W.	MARTEL	DEATH 10	- 16 1961
	5. SEX		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
g /	Male	Mhite HON (Giva kind of work	WIDOWED DIVORCED		б 53 ук.	
	done during most of wo	orking lifa, aven if retired	d)	NDUSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNT
£ 1	FOT eman		Penn. R R	Philade:		USA
Ĭ.		Martel				
e 1		ER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURITY NO	Mary E Do	eckman Address	
6	Yes, no, or unkown) (I	lf yes give war or dates of se	ervica)			
E =		EATH (Enter only one	cause per lina for (a), (b), end (c).	bedith Marte	L As above	I INTERVAL BETWEEN
5	PART I. DEAT	H WAS CAUSED BY	Drowning	4		ONSET AND DEATH
8	1850 Y	IMMEDIATE CAUSE (a)_	DIOWILING			
ne <sup>7</sup> levo	850X	DUE TO				
removal, an	850 X Conditions, it eny	DUE TO (b) iate causa				
or removal, an	850 X Conditions, it eny	DUE TO (b) iate causa				
or ren	Conditions, it eny gave rise to immedial, slating the ucause last.	DUE TO (b) iate causa Inderlying  DUE TO (c)		BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(a)   19. WAS AUTOPS
or ren	Conditions, it eny gave rise to immedia, stating the ucause last.	DUE TO (b)_ late causa Inderlying (c)_ R SIGNIFICANT CONDIT			INAL DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO F
cremation, or rem	Conditions, it eny gave rise to immedia, stating the ucause last.	DUE TO  (b)  DUE TO  (c)  R SIGNIFICANT CONDIT  PIOSCLETO  AUSE WAS  DUE TO  (c)  2  COLUMN  C	TIONS CONTRIBUTING TO DEATH  IC CARDIO VASCU  Db. DESCRIBE HOW INJURY OCC	lar disease URED. (Enter natura of injury In Pa	rt I or Part II of item 18.)	YES NO
rial, cremation, or rem	Conditions, it eny gave rise to immedia, stating the uceuse last.  PART II. OTHER  Arte  20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.	DUE TO  (b) biate causa inderlying  DUE TO (c) R SIGNIFICANT CONDIT  PLOSC LETO t  AUSE WAS DITRIBUTING D  E  O  CO  CO  CO  CO  CO  CO  CO  CO	TIONS CONTRIBUTING TO DEATH  ic cardiovascu  Db. DESCRIBE HOW INJURY OCCI  ceased was in  chake all ove	lar disease URED. (Enier natura of injury in Passmall boat on proper proper of the pro	or I or Part II of item 18.)  Wye River when the	YES NO [
rial, cremation, or rem	Conditions, it eny gave rise to immedical, slating the ucause last.  PART II. OTHER  Arte  20a. EXTERNAL CA PRIMARY   or CA CAUSE OF DEATH.  20c. TIME OF INJU	DUE TO  (b) late causa inderlying  DUE TO  (c) R SIGNIFICANT CONDIT  PIOSCLETO t  AUSE WAS DITRIBUTING  DEPTOREMENT CONDIT  OF CONTROLL  OF CONTROLL	cions contributing to DEATH ic cardiovascu bb. DESCRIBE HOW INJURY OCCI ceased was in shake all ove	lar disease URED. (Enter natura of injury in Passmall boat on r, grasped his	wy Part II of from 18.) Wy River when the chest and the ordingly thought	YES NO [
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designated agent, prior to burial, cremation, or rem	Conditions, it eny gave rise to immed (a), stating the u cause last.  PART II. OTHER Arte  20s. EXTERNAL C/PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU  3: Oppm.  21. I certify the death resulted (ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DUE TO  (b) intercausa inderlying  DUE TO  (c) R SIGNIFICANT CONDIT  PRIOSCLETO  AUSE WAS DITRIBUTING  DIRY Month, Day 200  AUSE WAS DITRIBUTING  HOWARD  HOWARD  G  TO  TO  TO  TO  TO  TO  TO  TO  TO	TIONS CONTRIBUTING TO DEATH  TIC CARDIO VASCU  TO DE DESCRIBE HOW INJURY OCCI  CEASED WAS IN  SHAUB, MoD  TO DEATH	lar disease  URED. (Enter natura of injury in Passmall boat on r. grasped his factory, street, office bldg., at Wye River  Eve, held an Autopsy	wy River where the transfer of the transfer where the transfer where the transfer where the transfer where transfer was to transfer to transfer to transfer	res No

a te year to app. SWC10.CX. Library in the Control of . . . . . Box of C. Sadis, B.C.

## **FOR STATE** ral director. Page Your Por State 3 to the 2, and ge 5 n and 2 pages form PM3. permit. File Office along with burial-transit perm and "pending" Examiner as used cremation, ease execute the certificate, writing the word 2 Medical should Chief should be forwarded to the Chi 0 prior designated DEP 9 940

VS. A15ME

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. coundueen Anne Queen Anne Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Centreville Centreville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 406 Commerce St. YES NO [ NAME OF Middle 4. DATE DECEASED James W. Martin DEATH Oct. 16, 1961 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Hours male colored WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Queen Anne Co. Md. USA none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Martin Doris Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Brown Centreville, Md. Doris none 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN of head, - Auto Accident PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO geve rise to immediate causa DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)1 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) Month, Dey, Year (Steta) fectory, street, office bldg., etc.) al work at work

CERTIFICATION PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Accident C Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S C. Rodney Layton NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 10/19/61 Chesterfield Cem. Centreville, Md. Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** Chestertown, Md. DATEOCT 2 0 '61 Cirilian & Floris

With the RO WEINSTAND STATE OF THE REAL PROPERTY. HILASS MEDICAL OLD MINERS CERTIFICATE OF SEASING Trees Model Co. Liber, D. Sill. THE STATE OF THE STATE STATES OF HOUSE - Partie - Partie - Charles

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	847						11000
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where de			ence bafora admission
	en Anne	MARYLANI	a. STATE Md.		b. COUN	Kent	/
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 1		V (If outside corp	orata limits, write		re neerast town)
Sudlersvill	giva nearast town)		Willingto				
		in hospital, giva street address)	Millingto d. STREET ADDRES		1 1		e. IS RESIDENCE
			G. STREET AGGREG		12	1	ON A FARM
	nvalescent Ho					A =	YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Da Da	y Yaar
(Typa or print)	Mary	E.P.	Smith	DEATH	Octob	er 2	1. 1961
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA	
Female		DOWED DIVORCED	December 12	1067	last birthday)	Months Days	Hours Min.
IDa. USUAL OCCUPATI		106. KIND OF BUSINESS OR INDU	December, 12		33	12. CITIZEN	OF WHAT COUNTR
done during most of wor	rking lifa, aven if retirad)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Housewife		Home	Md.			U.S.A	•
3. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME			
homas R. Pi	rice		Martha A.	Stewart			
	R IN U.S. ARMED FORCES?		. INFORMANT		Addrass		
Vo.	Aes disa mai oi dates ottaisiice	1	dward Fellow	R.	Milli	ngton, 1	vid.
	EATH [Entar only one caus	a per line for (a), (b), and (c).]	Januara 1011011	,	214244		INTERVAL BETWEEN
	H WAS CAUSED BY:	in line arti	enter the	and oh	reare		FOM IN
Conditions, if any gave rise to immadia (a), stating the un	ata cause	Matigo ati	arteris	jecto			2 week
causa last.	) (c)	0 30-					
PART II. OTHER  2Da. ACCIDENT WA OR CONTRIBUTING UIF EITHER, NOTIFY	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	'EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
<b>[</b> ]							YES NO
2Da. ACCIDENT WA	AS UNDERLYING []   201	. DESCRIBE HOW INJURY OCCU	RED. (Entar natura of injury	in Part I or Part I	l of itam 18.)		
OR CONTRIBUTING	MEDICAL EXAMINER)						
	RY Month, Day, Year	2Dd. INJURY OCCURRED   2Da.	PLACE OF INJURY (Homa, fa	arm. 20f. (Clt	y or town)	(County)	(Stata)
20c. TIME OF INJUI		WhileNot While	factory, straat, offica bldg., a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15.71.72
p.m.	19	at work at work		1	1. 1.		
21. I certify th	nat (I) (this hospital)	attended the deceased fro	men ar 1-	1 190 to	wi	7-1., 19.b	that (I) (we) la
saw the decease	ed alive on	2-0 19.61, and t	hat death occured an	M. fron	n the causes	and on the	date stated above
22a. SIGNATURE	11 4 1 1	1 412					22b. DATE
	HIH HAY	willow	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		SIGN
22c. PHYSICIAN'S NAME (Typa)	H. H. HAN	MILTON	22d. ADDRESS	ingto	· h	rd	
3a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(Stata)
Burial (Spacify)	Oct. 24, 196	1 Millington	Cemetery	Milli	noton, 1	Kent Co.	Md.
	-				TRAR 256. RE		
24 FUNERAL DIRECTOR	S SILIVATURE	ADDRESS"	- n/ 238.	OCT 2 5 6		alium S. Tu	
11/11/11	Tellous,	VIHIVINALI	on Mai DATE				

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# AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 In by the funeral directar, and 2 shauld be filed with may the trained by the haspital ar attending physician. O FUNDACK DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOS

VS A15 (4) 15M 9/S5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1848	CERTIFICATE	OF	DEATH

Reg. Dist. No. 11833

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Queen Anne's MARYLAND	o. STATE Md. b. COUNTY Q.A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural - Queen stown 8 urs.	1 Queenstown
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES D TO
3. NAME OF First A Middle	
OFCEASED (Type or print) Maymard Pressle/	White Of DEATH OCT 12 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IP UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Months Days Hours Min
WIDOWED DIVORCED	Aug 19 1896 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pales at alosist Bil	1 0 his U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence H. White	Same Felix
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT Address
(If yes, no. ocunknown) (If yes, give wor or dotes of service)	Irs. Maymard White Queenstown inc
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Hemorrhage rew Min.
J 3 DUE TO	
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>	YES NO
20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State)
Hour o. m.  19 While Not while of work of work	nory, sneet, onice oldg., etc.)
21. I certify that I attended the deceased from	1953 to Oct 1961, that I last saw the deceased
B. + I	710
alive on 1961, and that death	ADDRESS (Street, city or town, stote)  DATE SIGNED
ACTUAL Y 7 7 7 7 7	ADDRESS (SILEOF, CITY OF TOWN, STORE)
SIGNATURE 1220	MD. QUEENSIOWA, MA 1746
PHYSICIAN'S NAME (Type) / YUIZ C. HOYTA	10
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Berren Oct 14-1961 Cla LOTE	huch We mulls Mary land
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wewastreting But Bus Cultivelle	Mel DATE OT 1 7 61 Circles of These
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